



Hospital Interview

Aortic dissection (a tear in the artery near the heart) is a very serious complication that affects many people with the Marfan syndrome. People with the Marfan syndrome are at up to 250 times greater risk of aortic dissection than the general population, so it is very important that you and your loved ones are prepared.

Some people tell us that their experiences in the emergency department are positive, and that their doctors and nurses understand the relationship between Marfan syndrome and aortic dissection. Others say that they felt that they did not receive proper care. Because it can vary greatly from one hospital to another, you may find it helpful to “interview” your local hospital before you actually need the emergency room there. Call the hospital and ask to speak to the manager or director in the emergency department. Tell them that you have the Marfan syndrome and want to know about the resources they have available to diagnose and treat aortic dissection. This form will help you ask the right questions. You may find it helpful to discuss what you find out with your primary care doctor or cardiologist.

If the person you talk to seems responsive to your questions, you may want to ask if they would be interested in receiving the NMF’s professionally produced resources made for emergency department doctors and nurses. It includes a CME accredited (continuing medical education) video, poster, and a variety of booklets and brochures. **It is free to hospitals.** You can suggest that they take a look at this information because they might find it helpful. If they are interested, please fill out the short form on the other side of this page and send it to Jonathan Martin, Director of Programs at the NMF.

Name of Hospital: _____ City: _____

Person you spoke to: _____ Title: _____

How far is it from your home? _____ miles from your office? _____ miles

Is there a doctor in the emergency department 24 hours a day, 7 days a week?

____ yes ____ no

If not, what are the hours they are there? _____

Is there a cardiologist in the hospital 24 hours a day, 7 days a week?

____ yes ____ no

If not, is the on-call cardiologist available within 30 minutes?

____ yes ____ no

Is the emergency department able to perform a CT scan *and have it expertly read* 24 hours a day, 7 days a week? (This is important because a chest x-ray is not enough to rule out aortic dissection.)

____ yes ____ no

-continued-

Is the emergency department able to perform an echocardiogram *and have it expertly read* 24 hours a day, 7 days a week?

____ yes ____ no

Does the hospital have doctors to perform open heart surgery?

____ yes ____ no

If not, where would a patient who needs emergency heart surgery be transferred?

Are they able to do the transfer in the middle of the night?

____ yes ____ no

In addition to finding out about your local hospital, you may want to learn more about your local Emergency Medical Services. The hospital may be able to provide information about ambulance or paramedic service to their location.

Emergency Medical Services (paramedics, emergency medical technicians, ambulances) or EMS, are sometimes managed by the fire department or city/county government, and sometimes they are managed by private companies. In some cases, states have laws that say that the EMS must take you to a certain hospital even if it is not your choice.

To find out who manages your local EMS, try calling one of the following:

- Police or fire department (non-emergency number)
- City or town hall
- A local hospital

Once you have a number for the EMS service, ask them to explain the rules to you about taking you to the hospital of your choice.

You can also offer to have the free educational materials on Marfan syndrome and aortic dissection sent to them.

Please send the NMF's Emergency Medicine Resources to the following hospital:

Name of Hospital: _____

Contact Name: _____ Title: _____

Department: _____

Complete Mailing Address: _____

Phone: _____ Fax: _____

Please send the NMF's Emergency Medicine Resources to the following ambulance/paramedic/EMT group:

Name of Company: _____

Name: _____ Title: _____

Department: _____

Complete Mailing Address: _____

Phone: _____ Fax: _____

Return to:



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